

## Congresswoman Marie Newman IL 3<sup>rd</sup> District

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			Staff Assigned
Ger	neral Inquiry Au	thorization/ Privacy Release	Form
Name of Requestor/ Nombre del solicitant	te		
Date of Birth/ Fecha de Nacimiento		Phone Number/ Teléfono	
E-mail/ Correo Electrónico		Case Number (if applicable	2)
Address/ Domicilio		Apt.	
City/ Ciudad	State/ Estado	Zip Code	e/ Código Postal
	Type of Inqu	niry / Clase de investigación	
Immigration		_ Department of State	Post Office
Health & Human Services	Veterans/ Military		Labor
Emergency Management (FEMA)		_ Housing	Social Security
Passport		_ IRS	Education
Environment		_ Small Business Administration	on
Other (Please explain below):			
SECTION BELOW IS TO BE COMPL	ETED BY THE	PERSON WHO IS THE SUI	BJECT OF THE RECORDS:
I certify, under penalty or perjury, that 1) submitted with it; 2) I reviewed and under the information is completed, true, and contains the information is completed.	stand all the infor		this privacy release and any document y release and submitted with it; and 3) all of
I, checking my case status, and to the extent			
Signature/ Firma		Date/ Fecha	
Please place an 'X' below on type of com	munication you w	yould like to receive from us in	the future.
Mail Only Email Only	Both Mail & E.	mail Newsletter	